

EXHIBIT 4

CM23001302-00

FILED by Arlington County Circuit Court

09/05/2023

CASE
FS

Case No.



CM23001302-00
MISC
INFP

COMMONWEALTH OF VIRGINIA VA.CODE §§ 16.1-69.48:4; 17.1-606

17th Judicial

Circuit Court

Mike Cline

v.

Boston College and it's Traning Staff et al.

The undersigned petitioner(s) request the court to permit the petitioner(s) to sue or defend a civil case in this court without the payment of fees or costs and to have from all officers all needful services and process. In support of the petition, the petitioner(s) state that the following information is true:

[] I currently receive the following type(s) of public assistance in _____

CITY/COUNTY

[] TANF \$ _____ [] Medicaid [] Supplemental Security Income \$ _____

[] SNAP (food stamps) \$ _____ [] Other (specify type and amount) _____

☒ I currently do not receive public assistance.

[] I am represented in this matter by a legal aid society, an attorney appearing as counsel *pro bono*, or an attorney assigned to me or referred by a legal aid society.

Names and address of employer(s) for myself and spouse:

Self N/A

Spouse _____

RECEIVED

NET INCOME:

Self

Spouse

0

SEP - 5 2023

Pay period (weekly, every second week, twice monthly, monthly) _____

Net take home pay (salary/wages, minus deductions required by law and tax withholdings)

\$ 0.00

Other income sources (please specify) _____

\$ _____

PAUL FERGUSON, CLERK
Arlington County Circuit Court
by allu Deputy Clerk

TOTAL INCOME

\$ 0.00

COURT USE ONLY

A

LIQUID ASSETS:

Cash on hand _____

\$ 500.00

Bank Accounts at: USAA

\$ 000.00

Any other liquid assets: (please specify) _____

with a
value of

\$ 0.00

TOTAL ASSETS

\$ 3,500.00

COURT USE ONLY

B

2

Number in household I have financial responsibility for, including myself.

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Medical Expenses (list only unusual and continuing expenses) _____ \$ 0.00

Court-ordered support payments/alimony _____ \$ 0.00

[] deducted from paycheck [] not deducted from paycheck

Child-care payments (e.g. day care) _____ \$ 0.00

Other (describe): _____

} \$ 0.00

TOTAL EXPENSES \$ 0.00

COURT USE ONLY

C

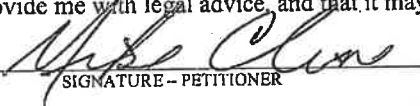
COLUMN "A" plus COLUMN "B" minus
COLUMN "C" equals available funds

ACKNOWLEDGEMENT

I understand that the court cannot provide me with legal advice, and that it may be advisable to get advice from a lawyer.

7/17/2023

DATE


SIGNATURE - PETITIONER

Mike Cline

PRINT NAME - PETITIONER

170 NE 2nd Street #871 Boca Raton, FL 33432

RESIDENCE ADDRESS OF PETITIONER